#### CORPORATE FILING SERVICE, INC (Requestor's Name) 3320 S.W. 87th AVENUE \$00002555768--8 -06/11/98--01048--015 \*\*\*\*125.00 \*\*\*\*125.00 (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 210 → Walk in Certified Copy Will wait Mail out Photocopy Certificate of Status and a superior of the superior **AMENDMENTS** NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

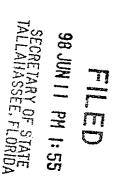
#### ARTICLES OF INCORPORATION

The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

WEST CARE REHABILITATION CENTER, INC.



### ARTICLE II PRINCIPAL OFFICE

The Principal place of business and mailing address of this corporation shall be:

2160 Palm Avenue Suite B Hialeah, Fl. 33010

#### Article III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

100 shares of stock

Article IV Initial Registered Agent and Street Address The name and address of the initial registered agent is:

> Justa D. Rodriguez 2160 Palm Avenue Suite B. Hialeah, Fl. 33010

#### Article V Incorporate(s)

The name(s) and street address(Es) of the incorporate(s) to these Articles of Incorporation is (are):

Justa D. Rodriguez 1260 Palm Avenue Suite B Hialeah, Fl. 33010

#### Article VI Director(s)

The name(s) and street address(Es) of the director(s) to these Articles of Incorporation is(are):

Justa D. Rodriguez 2160 Palm Avenue Suite B Hialeah, Fl. 33010

The undersigned Incorporate(s) has (have) executed these Articles of Incorporation this 4 day of June , 1998

Just	a Rod Signature	ugue
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	Signature	
	Signature	

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the Corporation is: West Care Rehabilitation Center Inc.
- 2. The name and address of the registered agent and offices is:

  <u>Justa D. Rodriguez</u>

  <u>2160 Palm Avenue Suite B</u>

  Hialeah, Fl. 33010

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVIISIONS OF ALL STATUS RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

IGNATURE:

DATE:06/04/98